

Department of Human Resource Management  
**EMPLOYMENT**  
**Employee Information Form**

\* Employee ID: \_\_\_\_\_ \* Social Security Number: \_\_\_\_\_  
\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
\* Agency: \_\_\_\_\_ \* Org: \_\_\_\_\_ \* Distribution: \_\_\_\_\_

**Employee Information** Please fill in all areas with asterisk

\* Middle Name or Initial: \_\_\_\_\_ \* Name Suffix: \_\_\_\_\_  
\* Prior Last Name: \_\_\_\_\_  
\* Maiden Name: \_\_\_\_\_  
Preferred Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Employee Status: \_\_\_\_\_ Original Hire Date: \_\_\_\_\_  
Current Hire Date: \_\_\_\_\_ Adjusted Service Date: \_\_\_\_\_  
Termination Date: \_\_\_\_\_  
I-9 Provided: \_\_\_\_\_ \* U.S. Citizen: \_\_\_\_\_  
\* Birth Date: \_\_\_\_\_ \* Sex: \_\_\_\_\_  
\* EEO Race: \_\_\_\_\_ Merit/Exempt/Probation: \_\_\_\_\_  
Merit Effective Date: \_\_\_\_\_ Exempt Effective Date: \_\_\_\_\_  
\* Military: \_\_\_\_\_ \* Military Branch: \_\_\_\_\_  
\* Address Line 1: \_\_\_\_\_  
\* Address Line 2: \_\_\_\_\_  
\* City: \_\_\_\_\_  
\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_  
\* Phone Number: \_\_\_\_\_  
Tax Method: \_\_\_\_\_ FICA Status: \_\_\_\_\_  
Tax Marital Status: \_\_\_\_\_ Tax Exemptions: \_\_\_\_\_  
Fed Tax Additional Amt: \_\_\_\_\_ State Tax Additional Amt: \_\_\_\_\_  
\* Resident State: \_\_\_\_\_ \* Work State: \_\_\_\_\_

**Emergency Contact:**

1) \* Contact Relationship: \_\_\_\_\_  
\* Emergency First Contact Name: \_\_\_\_\_ \* Contact Last Name: \_\_\_\_\_  
\* Contact Address Line 1: \_\_\_\_\_  
\* Contact Address Line 2: \_\_\_\_\_  
\* Contact City: \_\_\_\_\_ \* Contact State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_  
\* Contact Phone Number 1: \_\_\_\_\_ \* Contact Phone Number 2: \_\_\_\_\_

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**Emergency Contact:**

2) \* Contact Relationship: \_\_\_\_\_

\* Emergency First Contact Name: \_\_\_\_\_

\* Contact Last Name: \_\_\_\_\_

\* Contact Address Line 1: \_\_\_\_\_

\* Contact Address Line 2: \_\_\_\_\_

\* Contact City: \_\_\_\_\_ \* Contact State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Contact Phone Number 1: \_\_\_\_\_ \* Contact Phone Number 2: \_\_\_\_\_

3) \* Contact Relationship: \_\_\_\_\_

\* Emergency First Contact Name: \_\_\_\_\_

\* Contact Last Name: \_\_\_\_\_

\* Contact Address Line 1: \_\_\_\_\_

\* Contact Address Line 2: \_\_\_\_\_

\* Contact City: \_\_\_\_\_ \* Contact State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Contact Phone Number 1: \_\_\_\_\_ \* Contact Phone Number 2: \_\_\_\_\_

4) \* Contact Relationship: \_\_\_\_\_

\* Emergency First Contact Name: \_\_\_\_\_

\* Contact Last Name: \_\_\_\_\_

\* Contact Address Line 1: \_\_\_\_\_

\* Contact Address Line 2: \_\_\_\_\_

\* Contact City: \_\_\_\_\_ \* Contact State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Contact Phone Number 1: \_\_\_\_\_ \* Contact Phone Number 2: \_\_\_\_\_

5) \* Contact Relationship: \_\_\_\_\_

\* Emergency First Contact Name: \_\_\_\_\_

\* Contact Last Name: \_\_\_\_\_

\* Contact Address Line 1: \_\_\_\_\_

\* Contact Address Line 2: \_\_\_\_\_

\* Contact City: \_\_\_\_\_ \* Contact State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Contact Phone Number 1: \_\_\_\_\_ \* Contact Phone Number 2: \_\_\_\_\_